

Name
in
Full

John Wesley Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town St. Michaels	County Talbot	MARYLAND		
Date of death	Month Oct.	Day 7	Years 74	Months 11	Days —
Sex	Male	Color or Race White	Birth- place Ed. a. bo	Where Residing if not at place of death	
Occupation	Merchant				
Married, Single or Widowed	Married	Name of Wife or Husband Louise Estampin -	Where Residing if not at place of death		
Father's Name	William Baker		Father's Birthplace Acco	Where Residing if not at place of death	
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown	Where Residing if not at place of death	
Name of person giving Information	Louise Baker		How related to deceased widow	Where Residing if not at place of death	

CAUSES OF DEATH

154

Primary	Senile debility		How long six months
Immediate	Cardiac Failure		How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J. St. Lope M.D.	
Address	St. Michaels, Md.		
Accident or Suicide?	—		

PHYSICIAN
OR CORONER



Name
in
Full

Wm G Caulk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place		Talbot Co.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Mary E Caulk				
Father's Name	Dawson Caulk		Father's Birthplace	Talbot Co.		
Mother's Maiden Name	Martha Sharpless		Mother's Birthplace	Talbot Co.		
Name of person giving Information	Leona Caulk		How related to deceased	Daughter		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

How long

One week

Immediate

Respiratory Failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

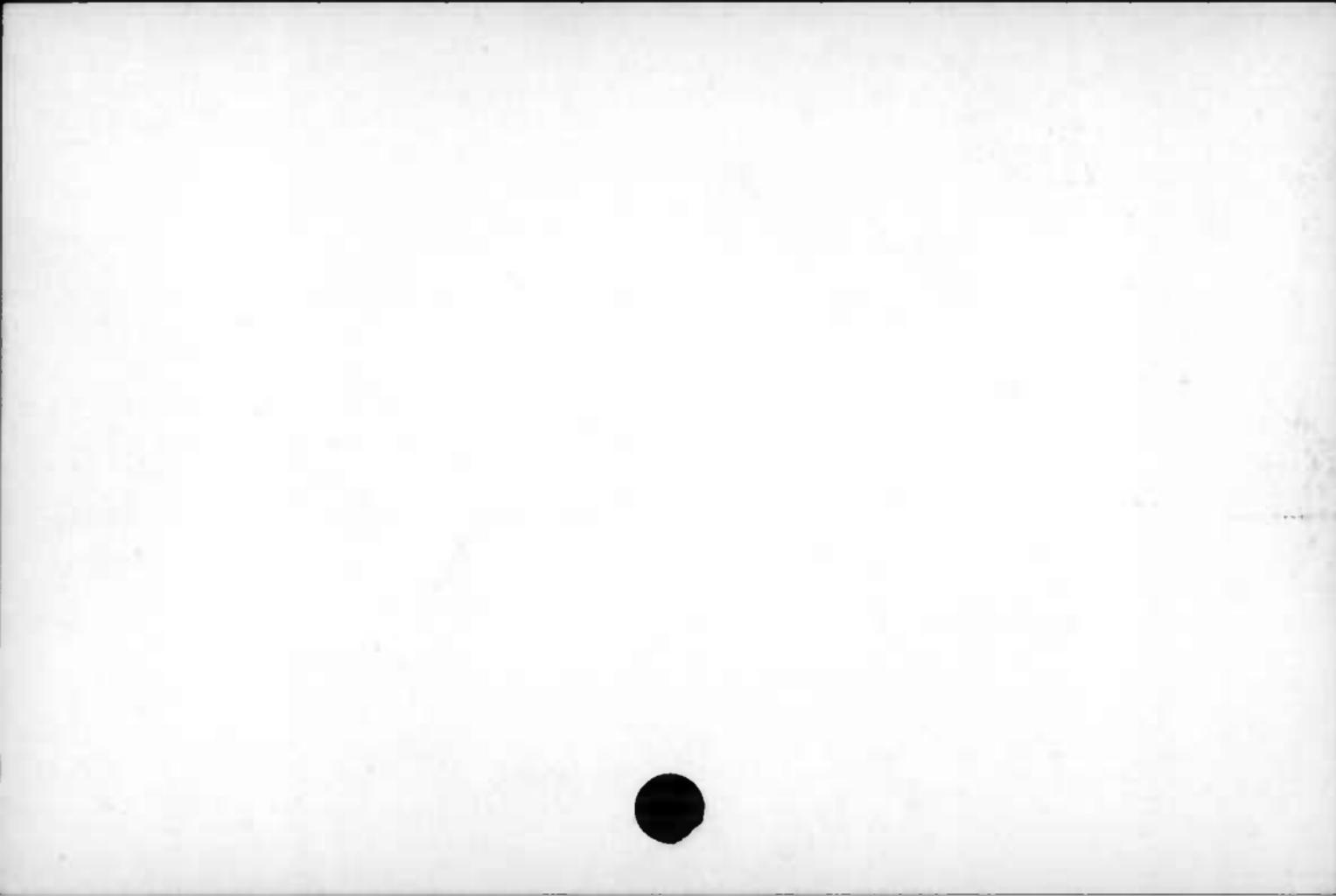
Signature of Physician

Address

J. St. John
St. Michaels

M.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Euston</u> Town			County <u>Inde</u>			MARYLAND		
Date of death <u>1907</u>		Month <u>10</u>	Day <u>21</u>	Age	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>	
Sex <u>M</u>		Color or Race <u>Blk</u>		Birth-place <u>Euston</u>				
Occupation <u>clerk</u>			Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Ind</u>				
Father's Name <u>Robert Sumerson</u>		Mother's Maiden Name <u>Lucy J. Hobson</u>		Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Mr. J. Hobson</u>		How related to deceased <u>Daughter</u>						
CAUSES OF DEATH <u>157</u>								

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long —

Immediate

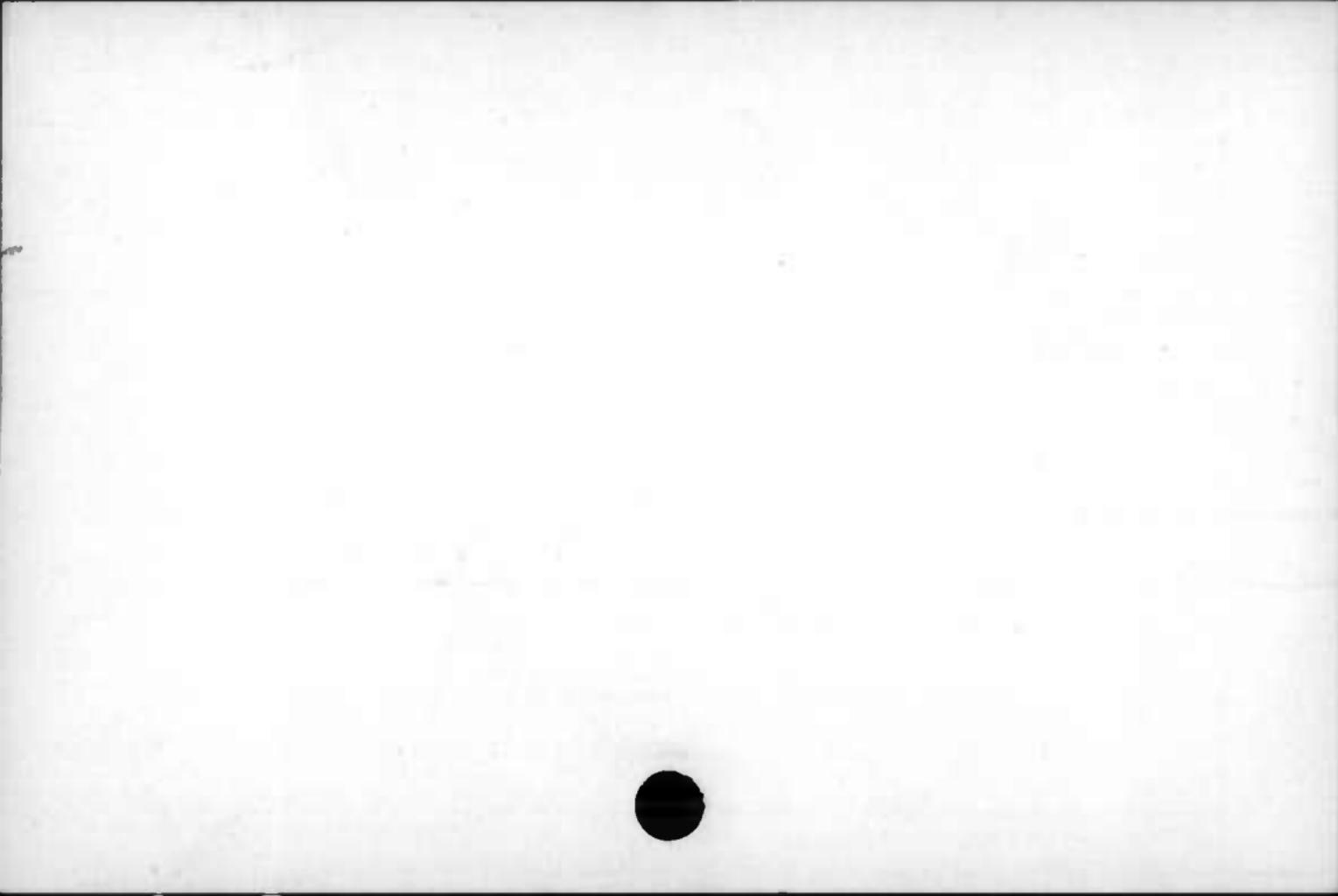
How long 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
Address

Dr. J. Hobson
Euston, Ind

Accident or Suicide?



Name
in
Full

Raymond Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1907	Month Oct	Day 4	Years 51	Months	Days	
Sex	Male		Color or Race	Cold		Birth place	Falbot Co
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Dont know				Father's Birthplace		Falbot Co
Mother's Maiden Name	Anna Gardner				Mother's Birthplace		" "
Name of person giving information	Macachi Gardner				How related to deceased		Grandfather

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	2 mos
Immediate	Explorations		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Bennett	
		Address	Eustis, MD	
Accident or Suicide?				

New Chapel 9 icem

Name
in
Full

Mary. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

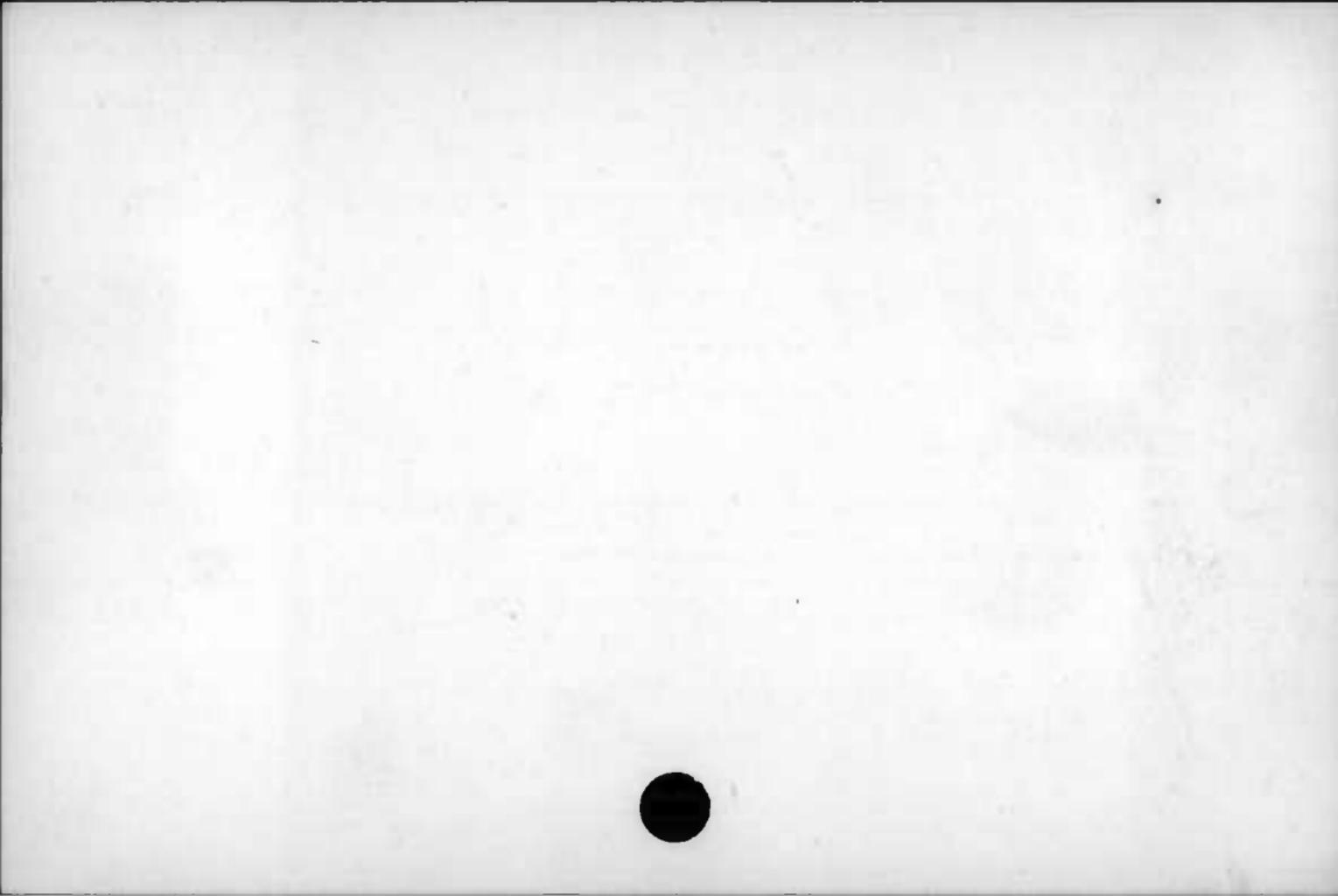
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	od.	9	Age	76	—
Sex	Female	Color or Race	Colored		
Occupation	House work.		Where Residing if not at place of death	Offord May.	
Married, Single or Widowed	Name of Wife or Husband		Richard Gibson		
Father's Name	Thomas Johns.		Father's Birthplace	Seaford Del	
Mother's Maiden Name	Eliza Henry		Mother's Birthplace	Seaford. Del	
Name of person giving information	Richard Gibson		How related to deceased	Husband	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Indigestion with old age		How long	5 year.
Immediate	Heart failure		How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	F. M. Cade R.M.D.	
		Address	Offord Talbot County	
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

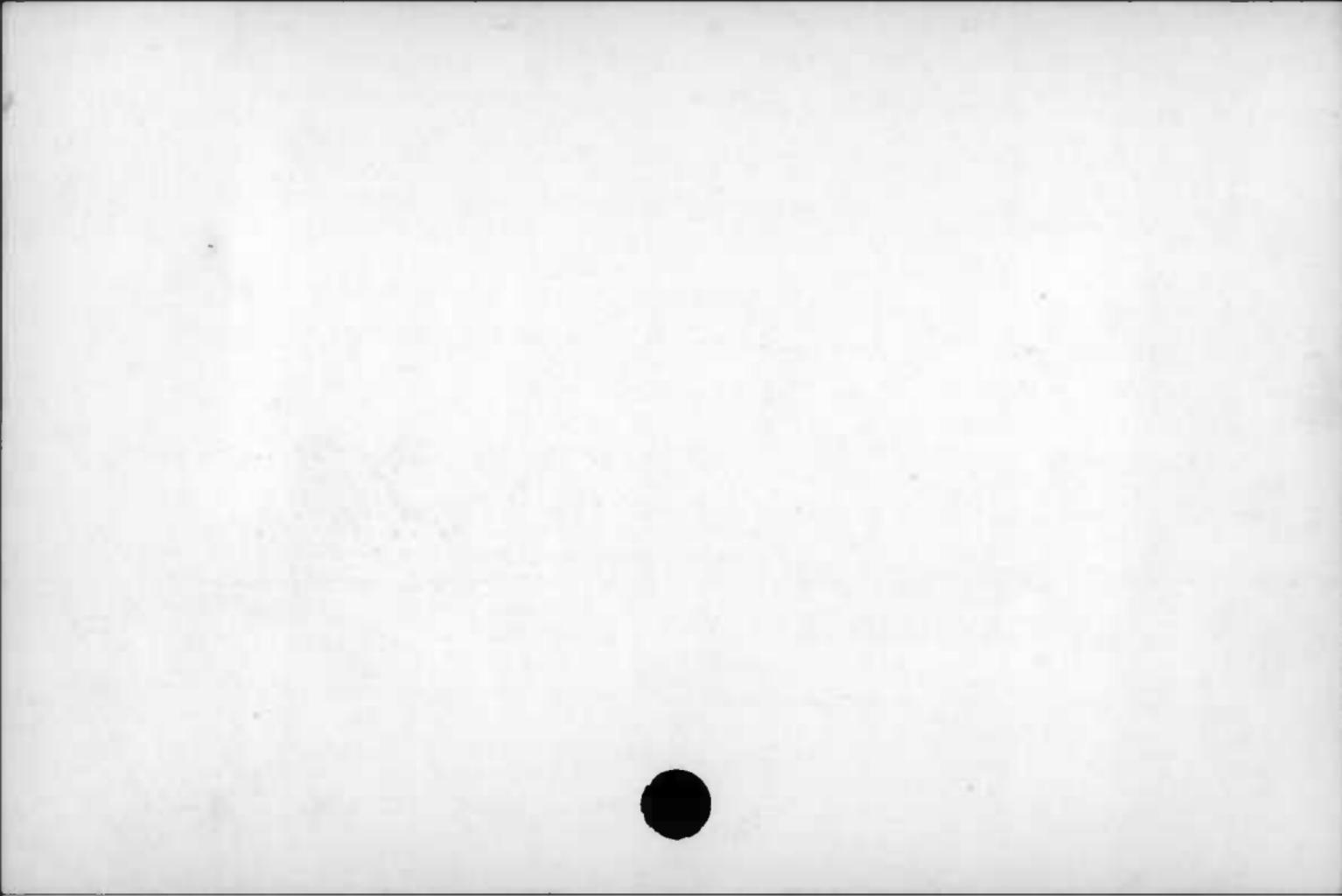
Georganna Gouldsborough				CERTIFICATE OF DEATH		
Died at Royal Oak.		Town Talbot		County Talbot		
Date of death 1907	Month Oct	Day 13	Years 45	Months -	Days -	MARYLAND
Sex Female	Color or Race Negro		Birth-place Talbot Co Md			
Occupation Labour.	Where Residing if not at place of death Talbot Md.					
Married, Single or Widowed Single	Name of Wife or Husband Jacob. Gouldsborough.					
Father's Name Jacob. Gouldsborough.						Father's Birthplace Talbot Co Md.
Mother's Maiden Name Ellen Castle						Mother's Birthplace Talbot Co Md.
Name of person giving information Jacob. Gouldsborough.						How related to deceased Brother

CAUSES OF DEATH

79

Primary	Valvular heart	How long	8 months
Immediate	dropsey	How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sam'l B. Tripp

Accident or Suicide?



William Harrison

CERTIFICATE OF DEATH

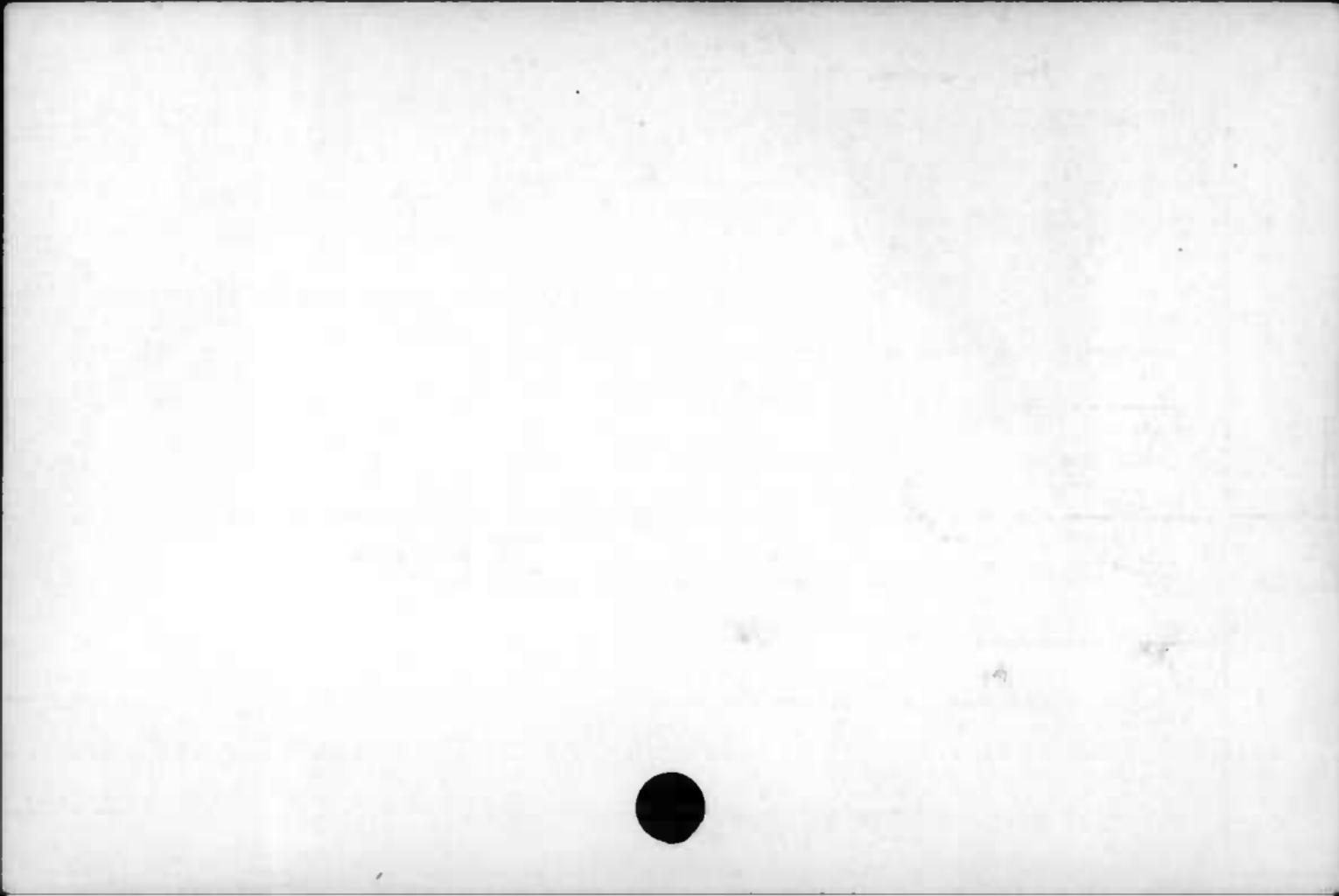
TO BE ANSWERED BY
NEAREST FRIEND

Died at		town	County	MARYLAND	
Date of death	1907	Month Oct	Day 5	Years 91	Months 4
Sex	Male	Color or Race	White	Birth-place	Talbot Co
Occupation	Retired	Where Residing if not at place of death			
Single or Widowed		Name of Wife	Mary Harrison	Father's Birthplace	Talbot Co.
Father's Name	James Harrison			Mother's Birthplace	Talbot Co.
Mother's Maiden Name	Frances Porter			How related to deceased	Daughter
Name of person giving information	Mrs E. P. Sparks				

CAUSES OF DEATH

119

Primary	Acute Nephritis		How long	About a week
Immediate	Cardiac Failure		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. St. John, M.D.	
		Address	St. Michaels Md.	
Accident or Suicide?				



Name
in
Full

Susan Catharine Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

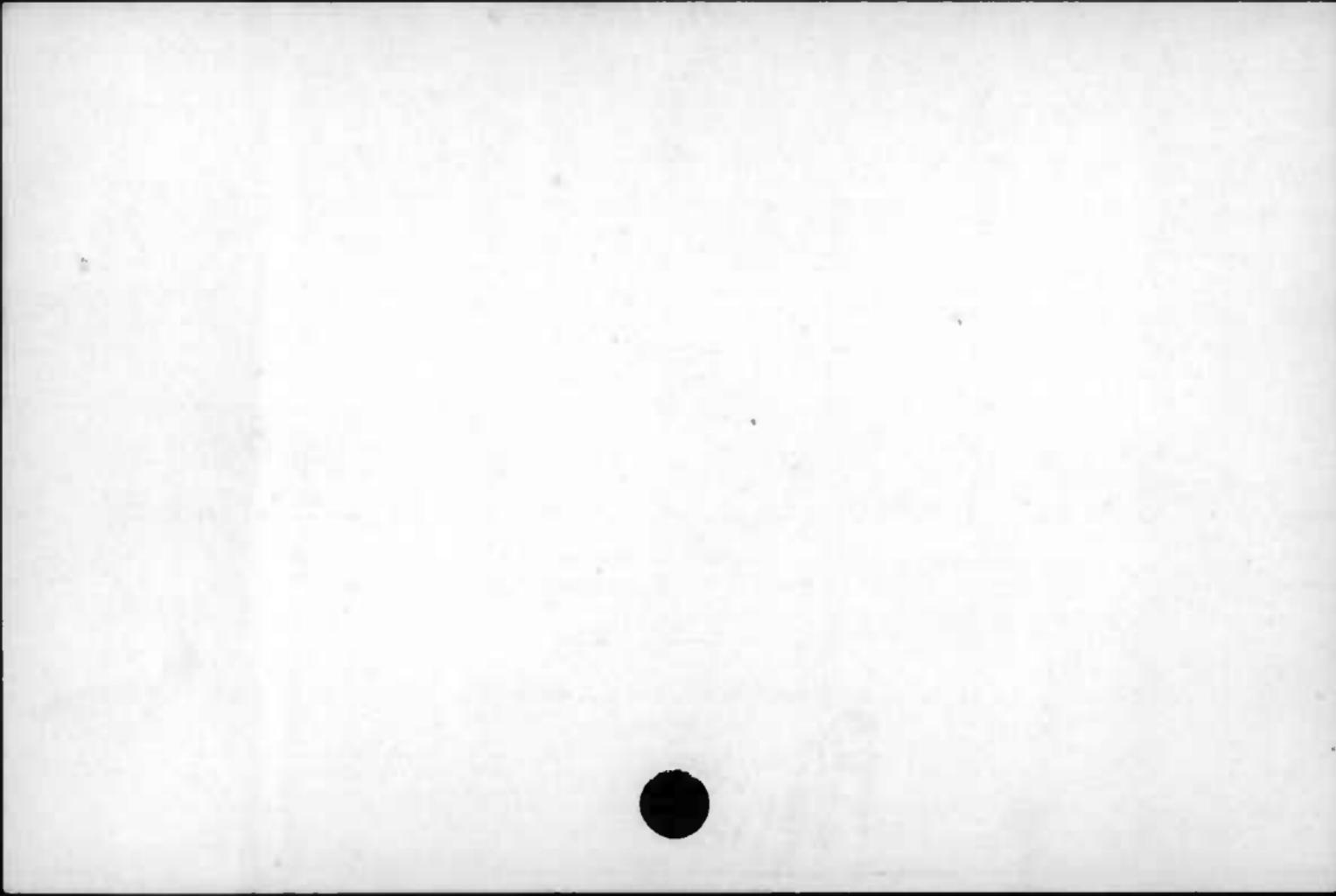
Died at	Town		County		MARYLAND	
Date of death	1907	Month Oct	Day 29	Years x	Months x	Days 21
Sex	Female		Color or Race	colored		
Occupation	Dame		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	X		
Father's Name	Joseph S. Johnson		Father's Birthplace Easton			
Mother's Maiden Name	Katie Miller		Mother's Birthplace Easton			
Name of person giving information	Joseph S. Johnson		How related to deceased father			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	break for two weeks	
Immediate	some stomach trouble	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		E. R. Ziffle Registrar
		Address
No physician in attendance		
Accident or Suicide?		



Name
in
Full

Nancy Etta Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Theodore T. Jones			Father's Birthplace	
Mother's Maiden Name	John Harrison			Mother's Birthplace	Talbot Co
Name of person giving information	Margaret Marshall			How related to deceased	Son
Theodore T. Jones, Jr.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute gastritis 104

How long

1 mth.

Immediate

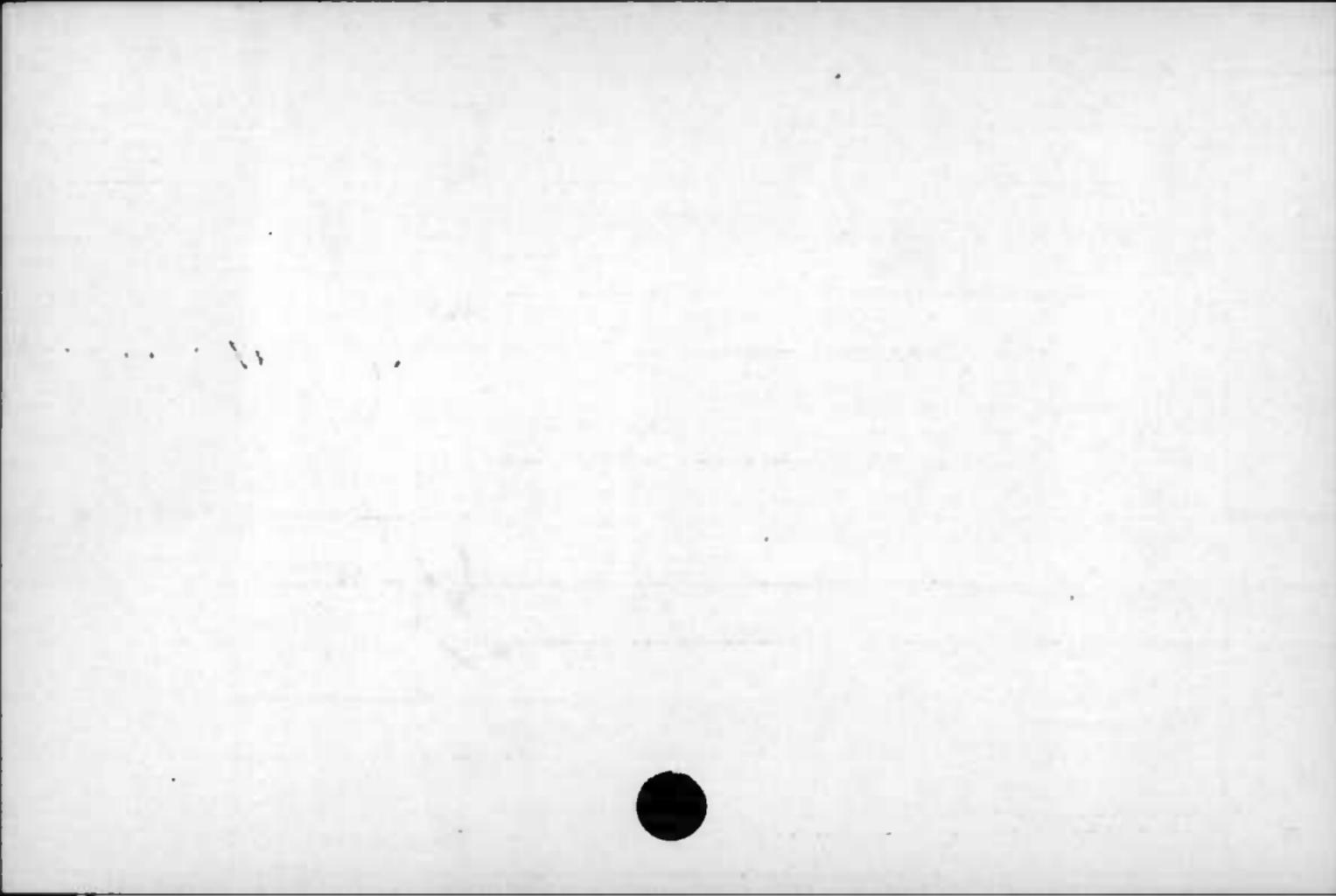
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Dr. J. B. Seth,
St. Michael.
Mrs.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Carolin Keeley

CERTIFICATE OF DEATH

Died at <u>Royal Oak</u>		Town	<u>Belvoir Co</u>		County	MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>2</u>	Years <u>96</u>	Age <u>96</u>	Months <u>8</u>	Days <u>12</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Sussex Co</u>					
Occupation <u>None</u>	Where Residing if not at place of death <u>X</u>						
Married, Single or Widowed	Name of Husband	Washington, D. C.					
Father's Name <u>Devon Misen</u>	W. Keeley						
Mother's Maiden Name <u>Kasiyah Evans</u>	2nd						
Name of person giving Information <u>Amelia Keeley</u>	Mother's Birthplace <u>Md</u>						
	How related <u>Daughter</u>						

CAUSES OF DEATH

13-4

Primary

Old age

How long

6 months

Immediate

Natural weakening

Address

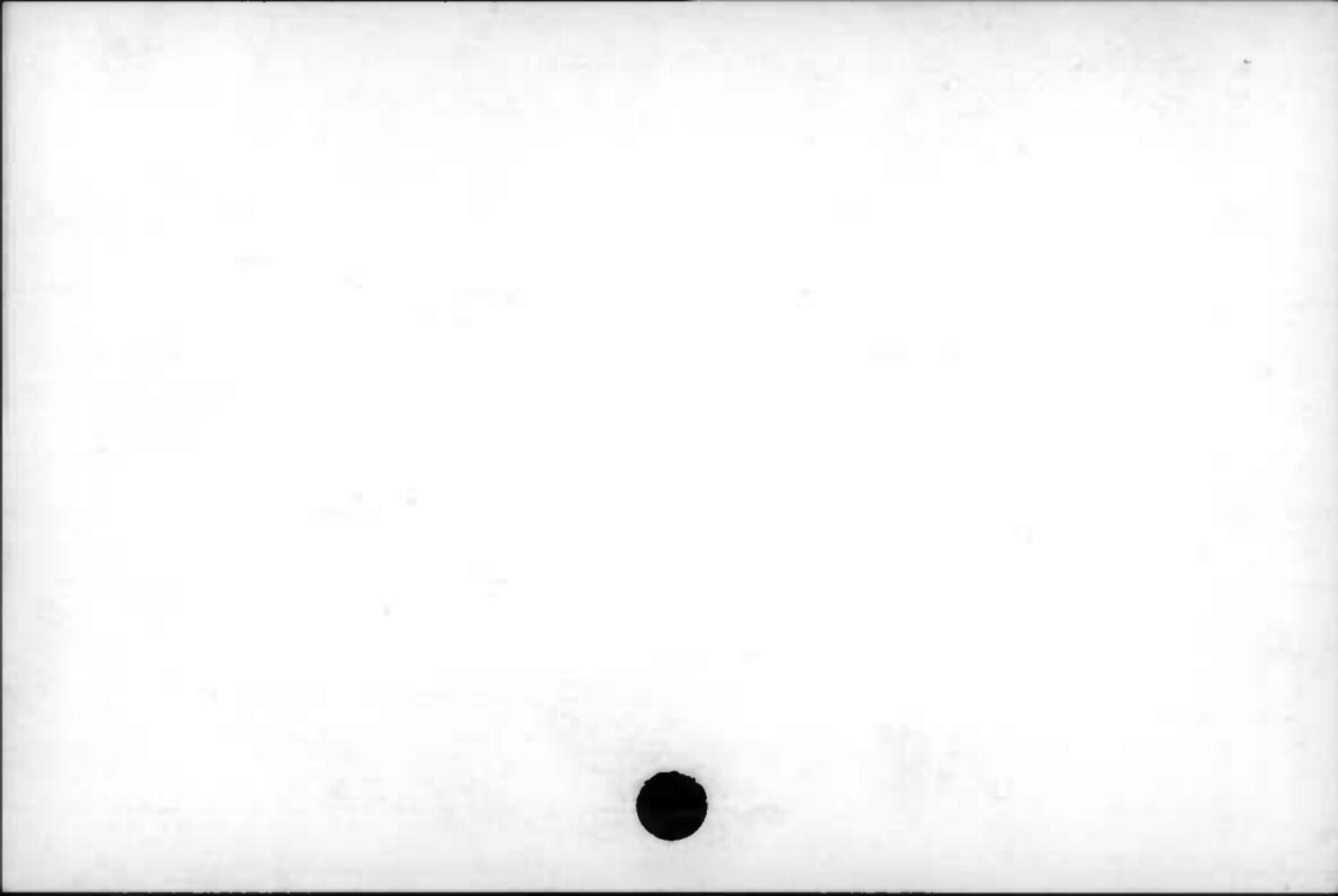
Sam'l C. Hippo
Royal Oak
Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Accident or Suicide?



Name
in
Full

Edward Lloyd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wye - Near Easton</u>		Town	County	MARYLAND		
Date of death	1907	Month Oct	Day 22	Years 82	Months 0	Days 0
Sex	Male	Color or Race	White	Birth- place	<u>Baltimore</u>	
Occupation	<u>Farmer -</u>		Where Residing if not at place of death	<u>Wye House</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	<u>Mary Howard Lloyd</u>			
Father's Name	<u>Edward Lloyd</u>		Father's Birthplace	<u>Baltimore</u>		
Mother's Maiden Name	<u>Alice M. Blain</u>		Mother's Birthplace	<u>"</u>		
Name of person giving Information	<u>C. Howard Lloyd</u>		How related to deceased	<u>Son</u>		

CAUSES OF DEATH

79

How long

not known

How long

few days

PHYSICIAN
OR CORONER

Primary
enlarged right-side of heart -
Immediate
increase in the dilation - Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

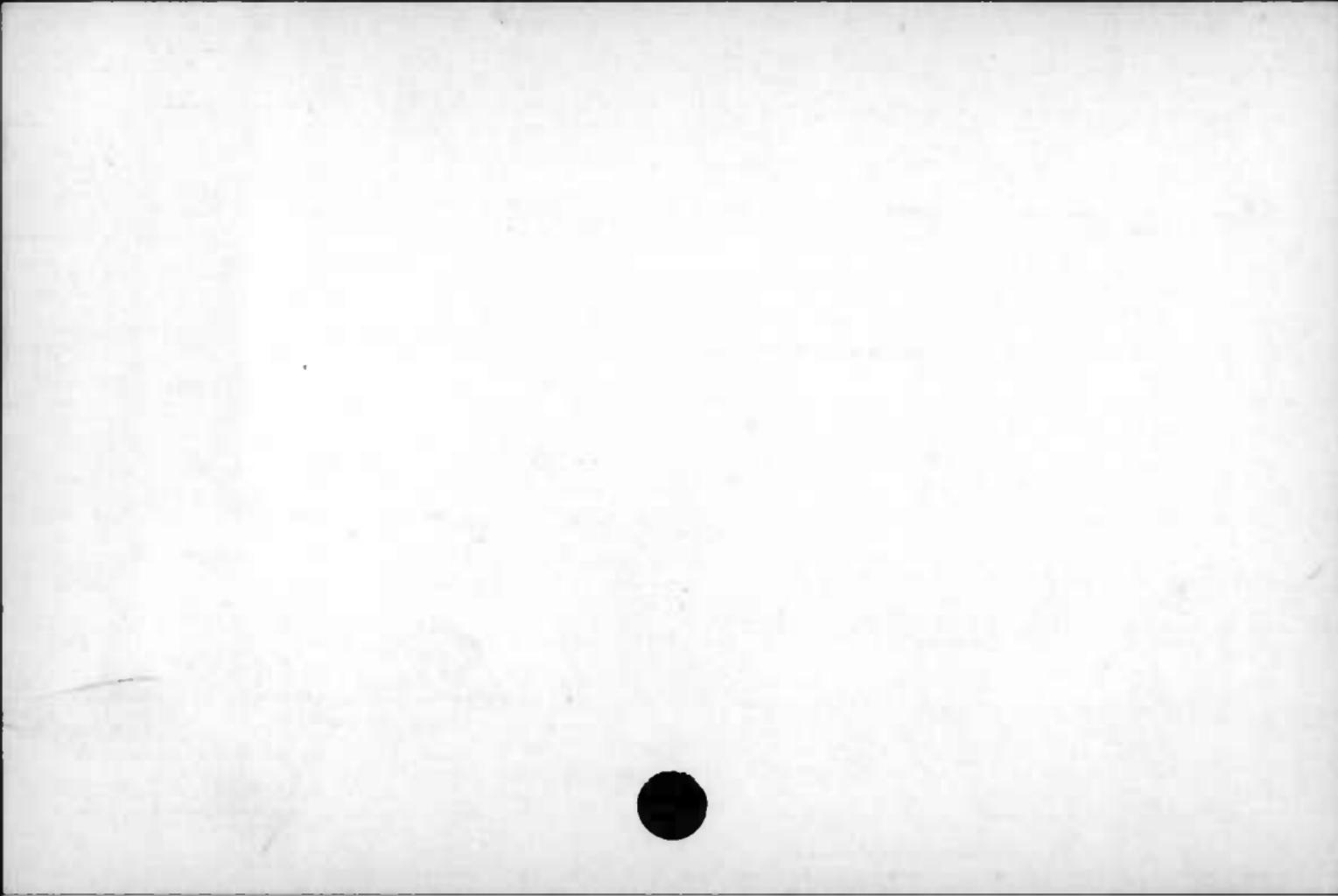
Yes

Signature of
Physician

Chas. J. Sanders
Easton, Md.

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Anna Long

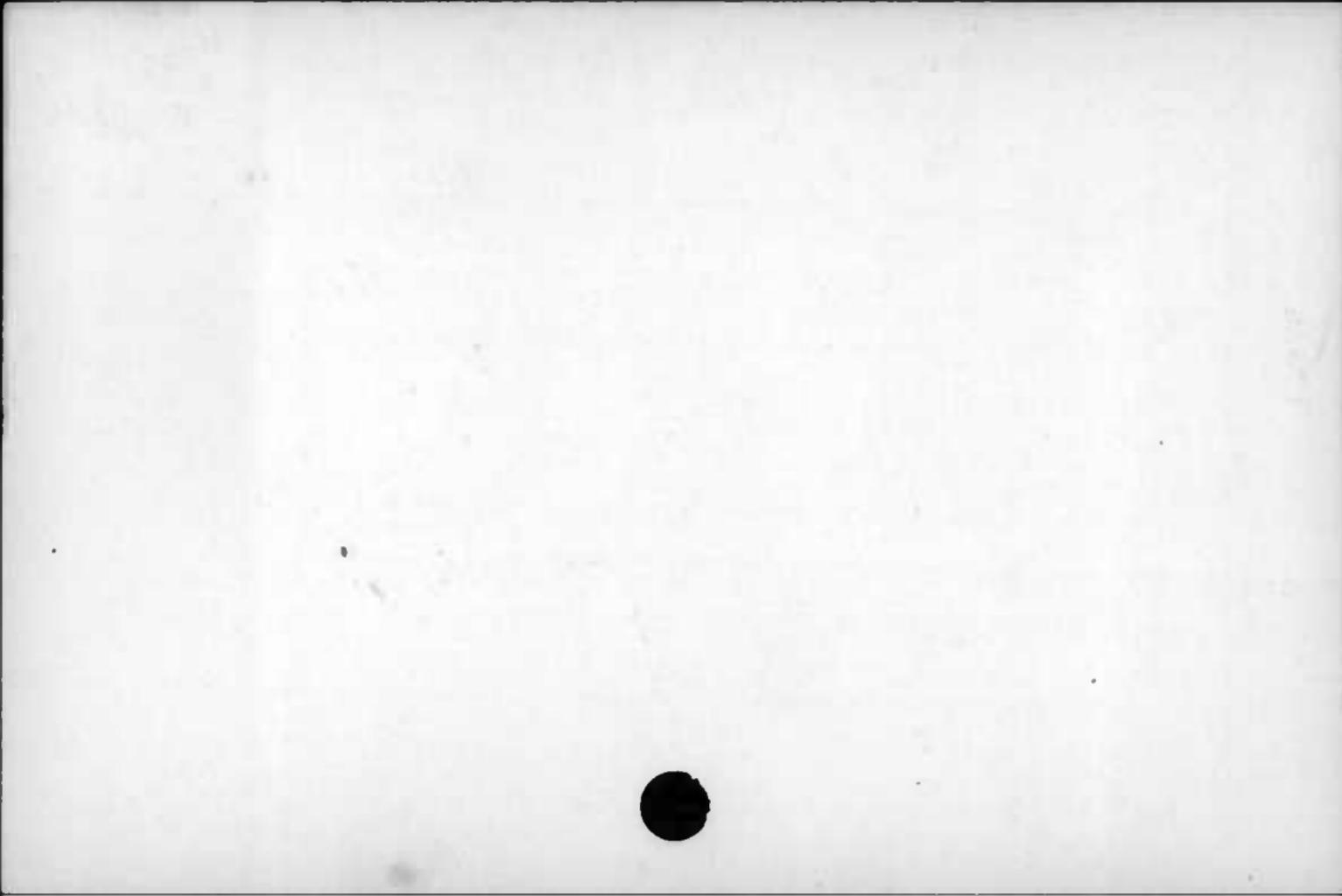
CERTIFICATE OF DEATH

Died at		Town Oxford	County Talbot.		MARYLAND	
Date of death	1907	Month Oct.	Day 16	Age 72.	Months 0	Days 0
Sex	Female	Color or Race	White	Birth- place	Penns	
Occupation	Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Oxford, Md Mrs. A. Long (deceased)			
Father's Name	H. J. V. Madsen		Father's Birthplace	Pittsburgh Pa		
Mother's Maiden Name	Sophia Porter		Mother's Birthplace	Penns Long.		
Name of person giving Information	Dr. A. B. Long		How related to deceased			

CAUSES OF DEATH

(64)

Primary	Aprosopely		How long	24 hours
Immediate	Physiological		How long	short time
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. W. Eccles	
		Address	Oxford, Md	
Accident or Suicide?				



Name
in
Full

Bridget Mc Gee

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	White			
Occupation	None	Where Residing if not at place of death				
<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Married		Name of Wife or Husband	X			
Father's Name	John Mc Gee					
Mother's Maiden Name	Margay Rooney					
Name of person giving Information	John Mc Gee					

CAUSES OF DEATH

27

Primary: Consumption of lungs + was in hospital long
for dementia + other several years, how long
Immediate one month, no physician here a a
How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

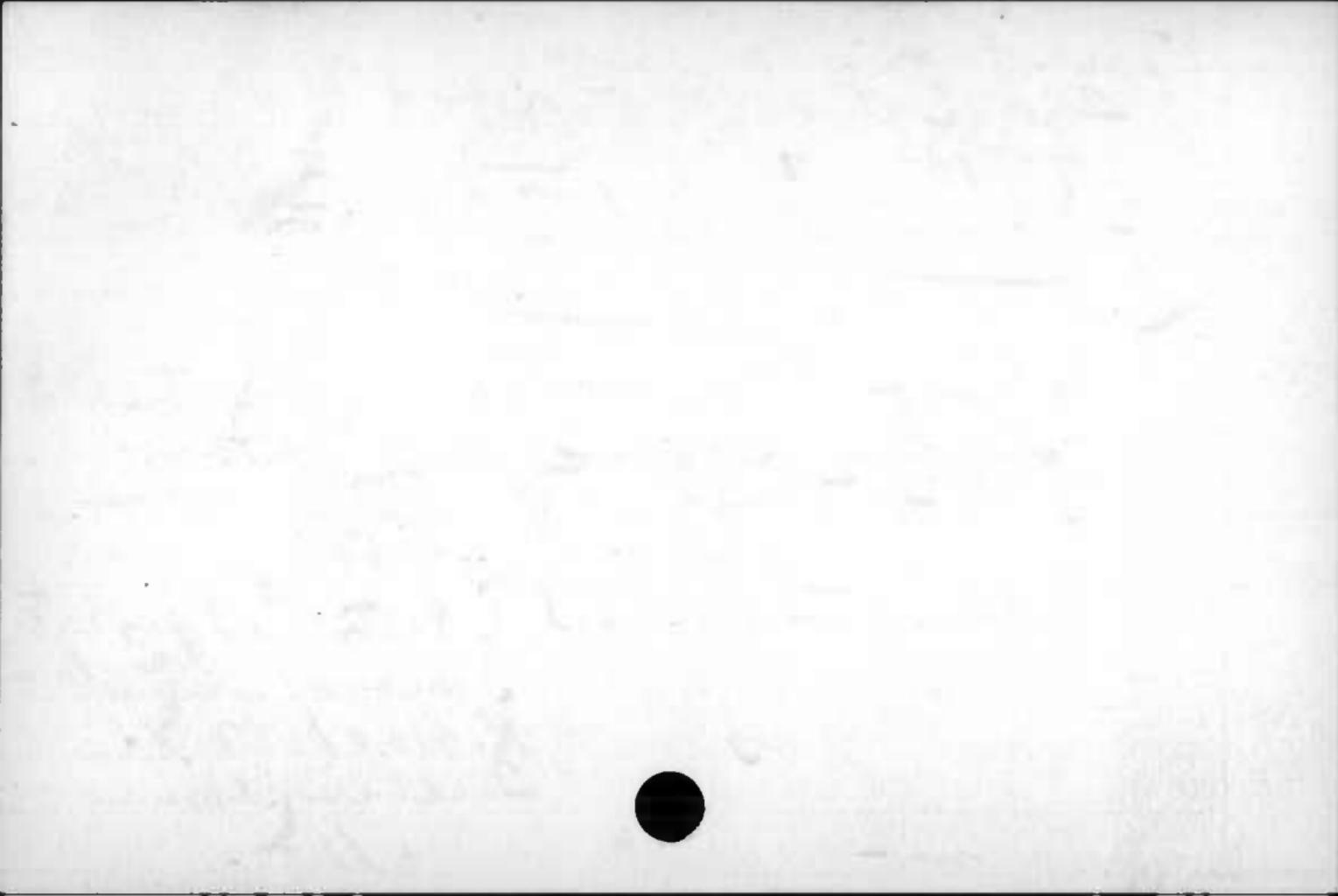
E. R. Zupke M.D. Registrar

Address

Easton

Med

Additional Space?



Name
in
Full

Ethel Pearl McMullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 10	Day 9	Years	Months 2	Days 7	
Sex	Female	Color or Race	White	Birth-place	Somerset		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John H. McMullen			Father's Birthplace	Kent Co. Md.		
Mother's Maiden Name	eresa Boyle			Mother's Birthplace	Del.		
Name of person giving Information	Mother			How related to deceased			

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary

Death known Sept 15. I gave it

Immediate

1. a

How long

Are the name, age, sex, color, date and place correctly given above?

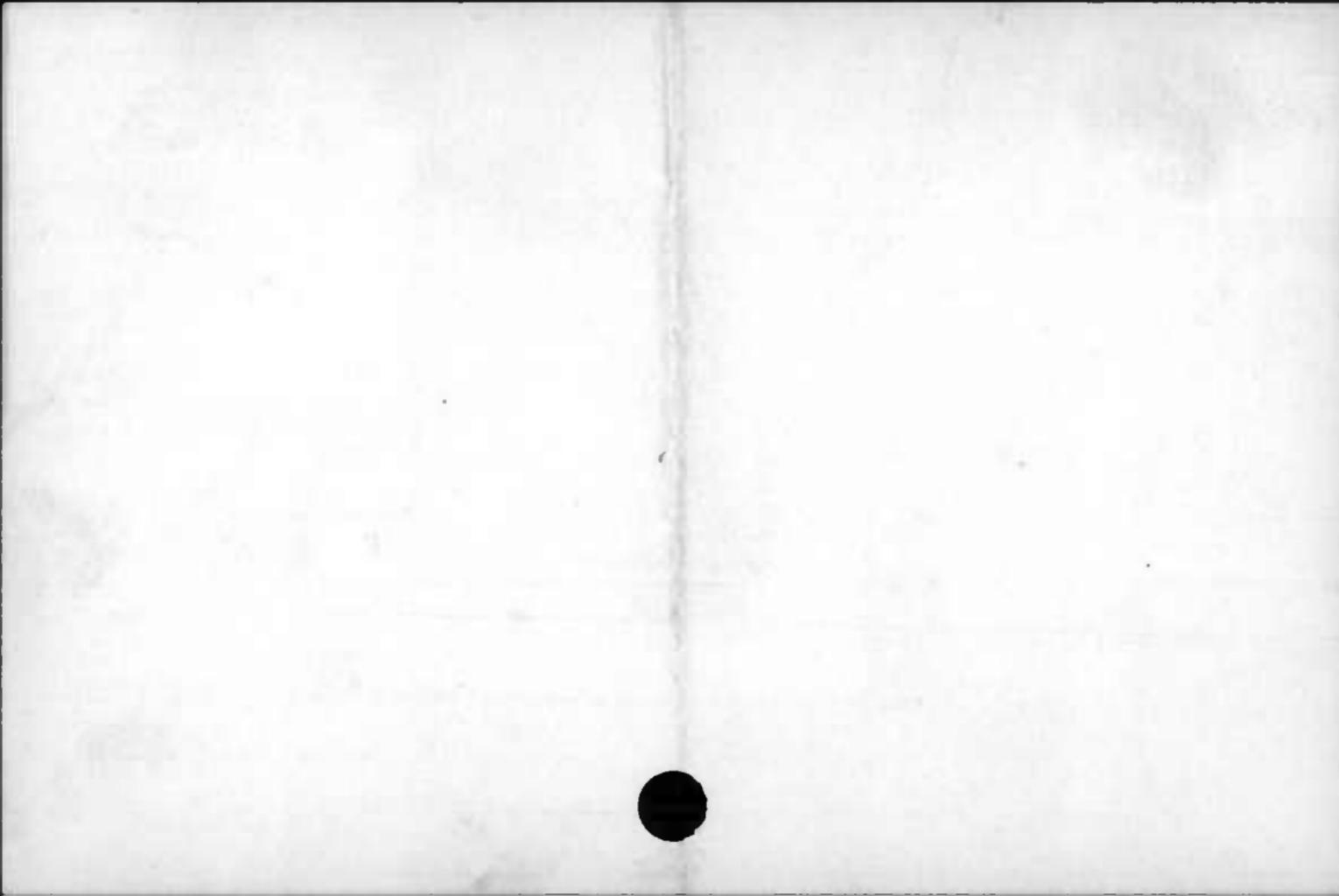
yes

Signature of Physician

Address

R. Hackith, M.D.
Queen Anne
Md.

Accident or Suicide? no -



Name
in
Full

Richard Molock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Eason</u>		<u>Falset</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>13</u>	Age <u>72</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>			Birth-place <u>Dorchester Co</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Near Eason</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elijahah Molock</u>			Father's Birthplace <u>Dorchester</u>		
Father's Name <u>Littleton Molock</u>			Mother's Birthplace <u>Dorchester</u>			
Mother's Maiden Name <u>Rachele Lee</u>			Name of person giving information <u>Charlotte Gross</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Heart Disease

How long

Several months

Immediate

Heart failure

How long

After hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E.R. Reife M.D. Registration

Address

Easton

Dr. R.B. Heywood

Murdered him but he has gone into the Navy

Accident or Suicide?

Dr. Davison
New Haven
Conn.

Name
in
Full

Richard. Thomas Pratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Oct	Day 24 th	Years 34	Months	Days	
Sex	male	Color or Race	white		Birth-place	Salisbury Co. Md	
Occupation	Farming		Where Residing if not at place of death		Salisbury Md		
Married, Single or Widowed	married	Name of Wife or Husband	Cornelia M. Pratt		Father's Birthplace	Salisbury Co.	
Father's Name	Wm. T. Pratt				Mother's Birthplace	Salisbury Co.	
Mother's Maiden Name	Mary E. Mathews				Name of person giving information	Cornelia M. Pratt	
						How related to deceased	wife

CAUSES OF DEATH

104

Primary Chronic Gastric and Intestinal Allergy from history 2 yrs
Immediate heart asthenia

How long

How long

3 mos

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. B. Glasscock
St. Michaels Md

Accident or Suicide?



Name
in
Full

Jesus Fulless Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Baltimore Town

County Baltimore

Date of death 1907 Month Oct

Day 15

Years 13 Age 13

Months 1

Days 13

Sex Male

Color or Race White

Birthplace

Occupation House Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife
Husband Mary E. Ray

Father's Name Edward Ray

Father's Birthplace NY

Mother's Maiden Name Elizabeth Stevens

Mother's Birthplace NY

Name of person giving
Information M. E. Ray

How related
to deceased Wife

CAUSES OF DEATH

120

Primary Chronic Sub. nephritis

How long 3 mos

Immediate Convalescence

How long 48 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

10 months
Every day

Accident or Suicide?

PHYSICIAN
OR CORONER

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Bart Tu Lu Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Carroll	Talbot	
Date of death	Month	Year
1907	Oct	12
Age	Months	Days
	3	
Sex	Color or Race	Birth-place
Male	White	Eaylor
Occupation	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
X	X	
Father's Name	Father's Birthplace	
Harry Taylor	Del	
Mother's Maiden Name	Mother's Birthplace	
Ida M. Leuthe	Del	
Name of person giving information	How related to deceased	
Harry Taylor	Sister	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Intestinal Infection

3 weeks

Immediate

Cardiac Asthma

How long

12 hrs.

Are the name, age, sex, color, date and place correctly given above?

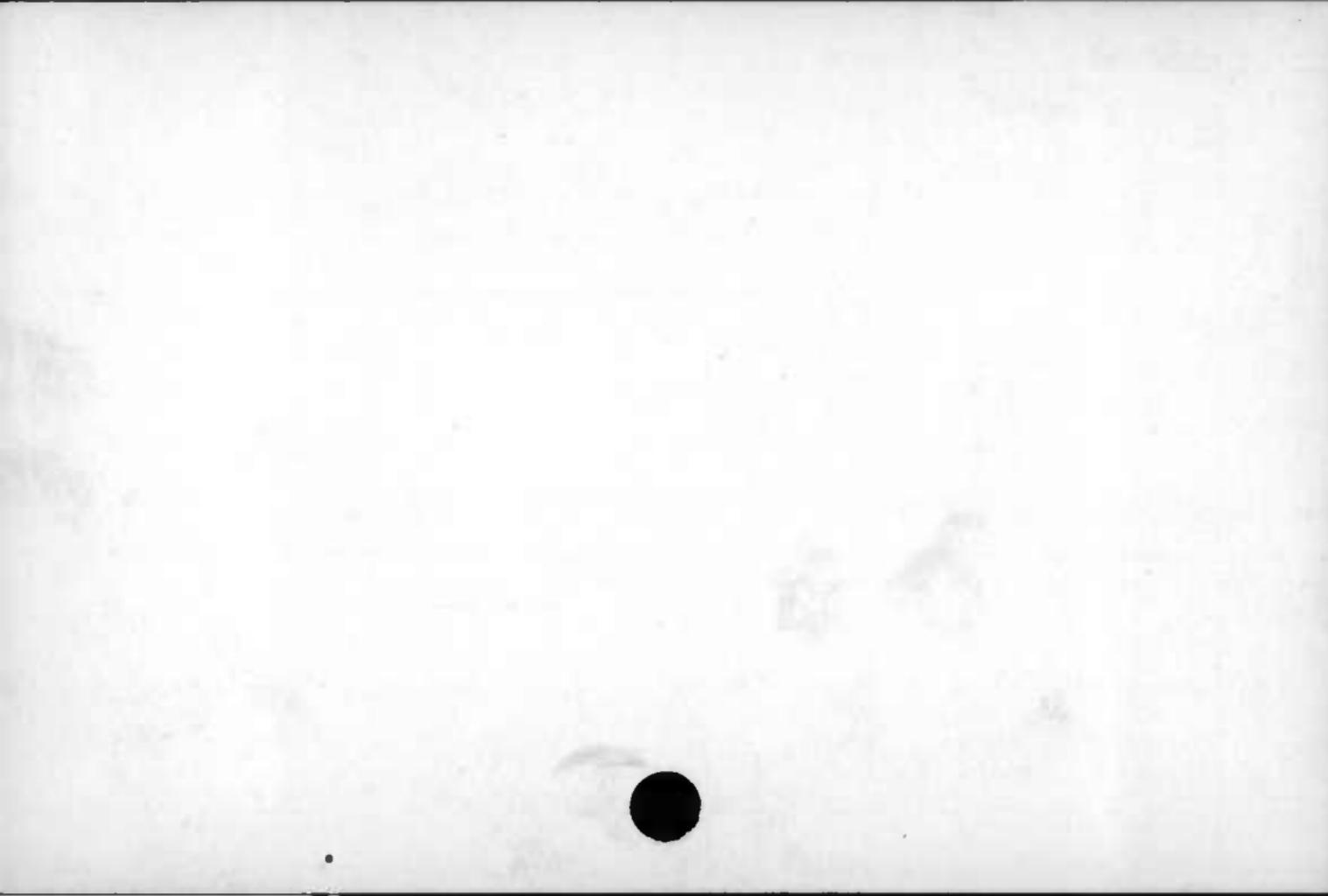
yes

Signature of Physician

Address

P. L. Graves
Baltimore

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

W. S. Tilghman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Royal Aus.	Talbot					
Date of death	1907	Month Oct	Day 14	Age 11	Years	Months	Days
Sex	Male	Color or Race	Negro		Birth-place	Talbot Co. Md.	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Chas H. Tilghman				Father's Birthplace	Royal audience	
Mother's Maiden Name	Lively Thomas.				Mother's Birthplace	Royal Aus. Md.	
Name of person giving Information	Chas H Tilghman				How related to deceased	Father.	

CAUSES OF DEATH

61

Primary

Pneumonia

How long

2 weeks

Immediate

Asphyxia

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

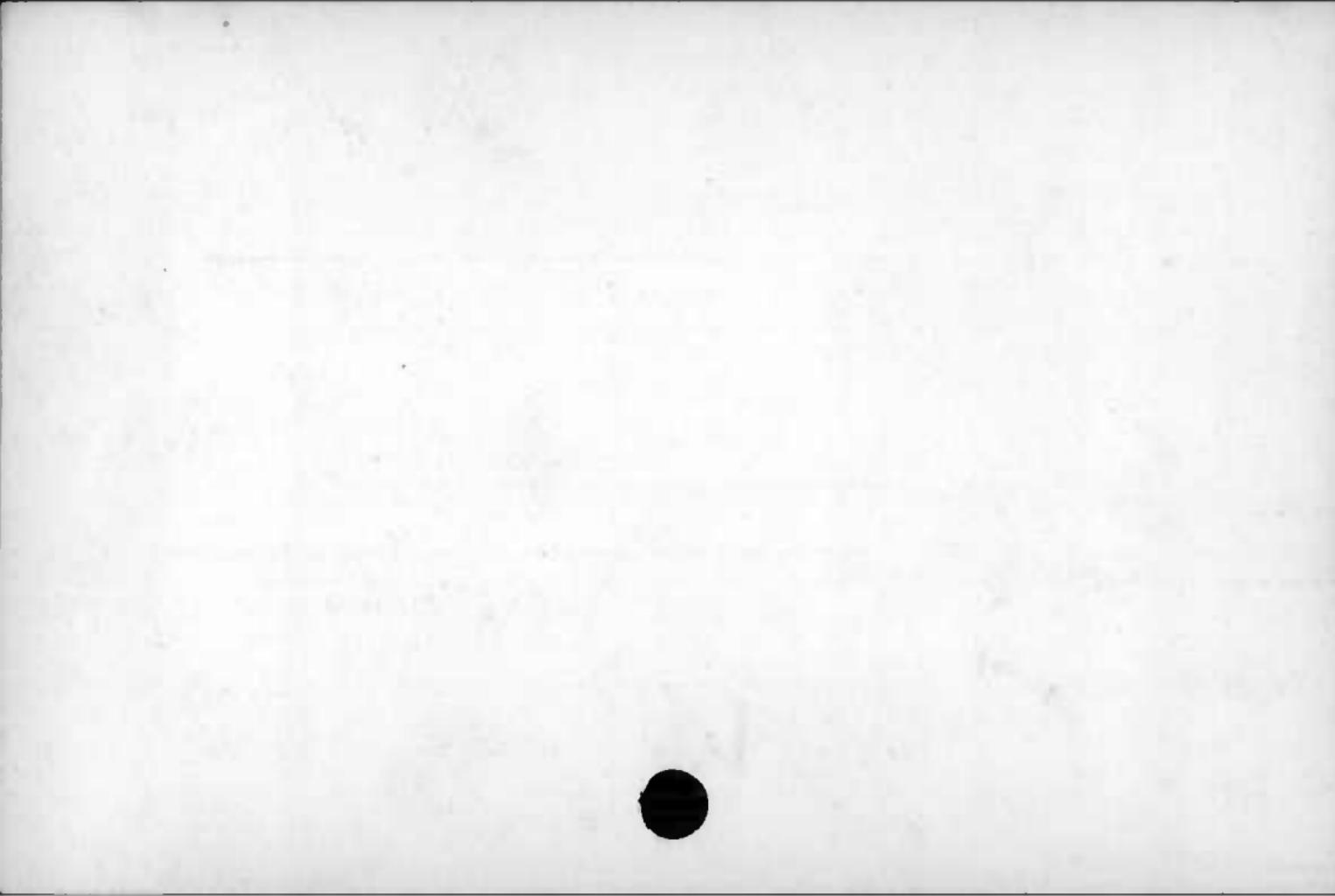
yes.

Signature of Physician

Address

Samuel Triple
Royal Oak
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<h1>Annie Maria Trippie</h1>					CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1907	10	29	56-	—	—		
Sex	Female	Color or Race	Negro -				
Occupation	Housewife -		Where Residing if not at place of death				
Married, Single or Widowed	Sidow	Name of Wife or Husband	Annie Trippie				
Father's Name	Jacob Bunker		Father's Birthplace	Baltimore Co. Md			
Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know			
Name of person giving information	Rosetta Bunker		How related to deceased	Niece			

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary

Osteo-myelitis of spine

Immediate

Exhaustion

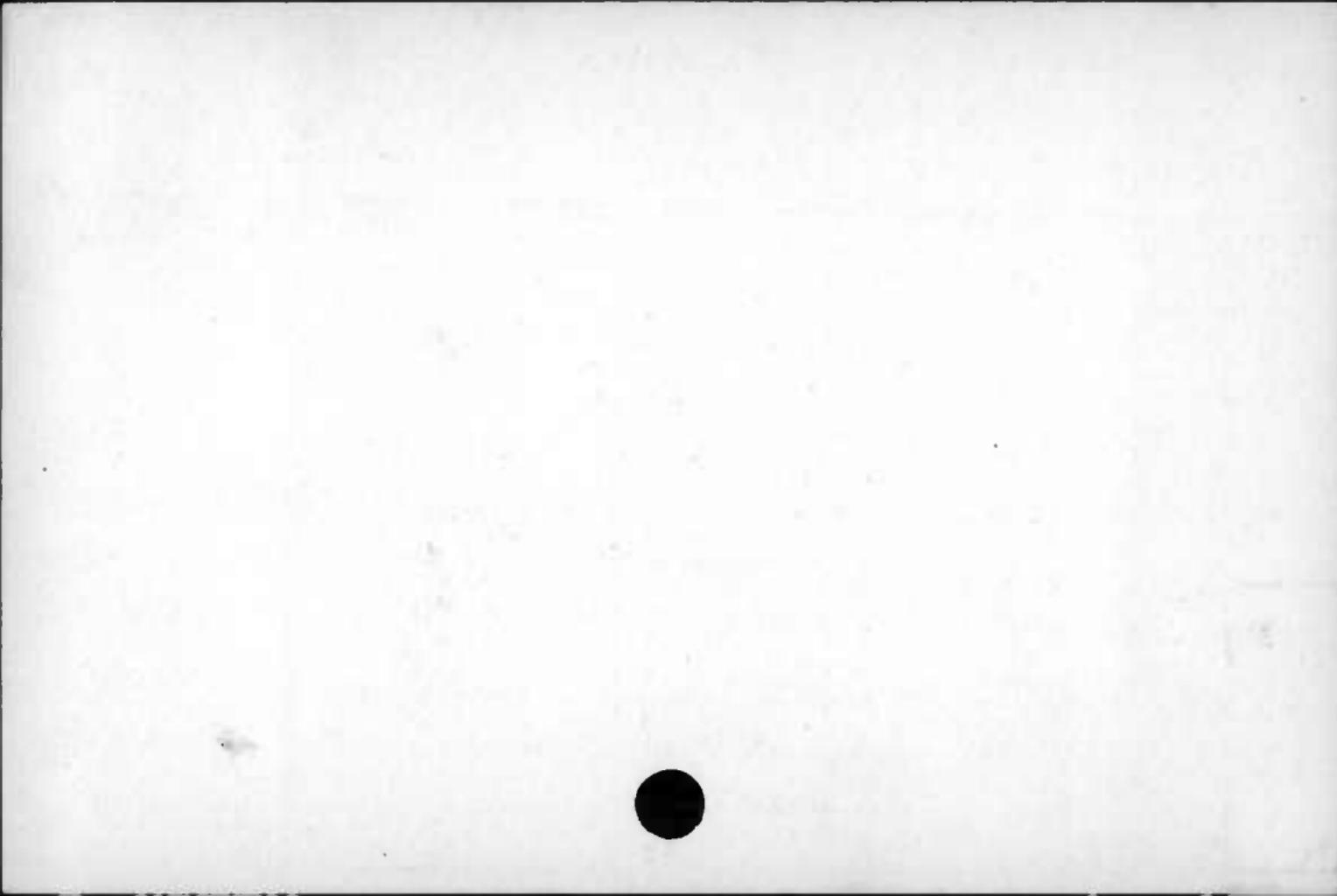
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph A. Ross, M.D.
Trippie, Md

Accident or Suicide?



Name
in
Full

William Viney

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Millerton Town

County Salisbury

MARYLAND

Date of death 1907 Month Oct Day 9 Age 16 Years 16 Months 10 Days —

Sex Male Color or Race Black Birth place Md

Occupation Boatman Where Residing if not at place of death X

Married, Single or Widowed Single Name of Wife or Husband X

Father's Name James Viney Father's Birthplace Md

Mother's Maiden Name Mary Thomas Mother's Birthplace Md

Name of person giving information James Viney How related to deceased Father

CAUSES OF DEATH

27

How long

Primary Phthisis Pulmonalis 7 years
Immediate Exhaustion a few days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

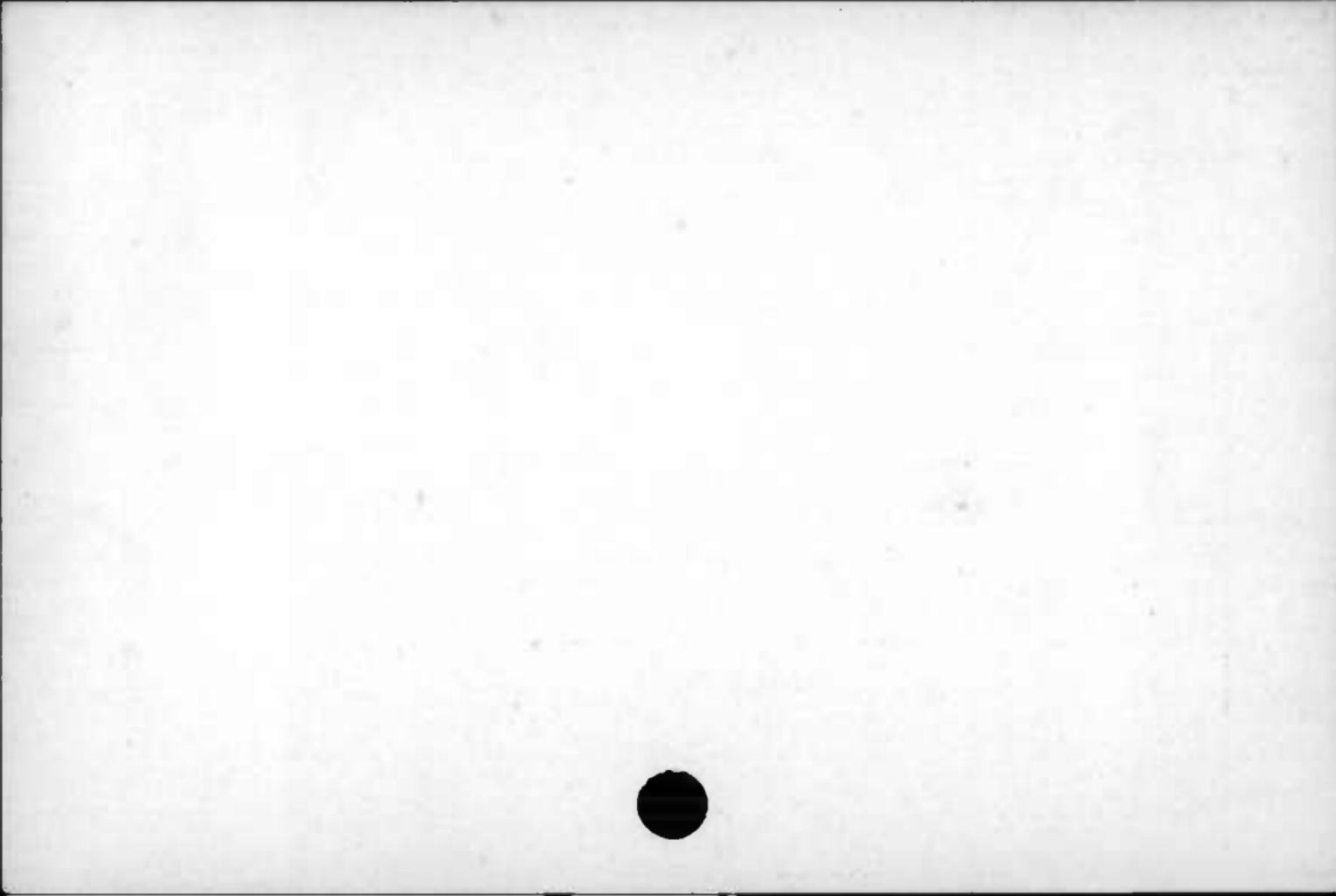
E. R. Tipte Registrar

Dr. Johnson attended

Address

Easton

Accident or Suicide? This boy up to the time of his death, saw no one



Name
in
Full

Olmer. Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near

Town

Grappe

County

Salisbury

MARYLAND

Date
of death 1907

Month
10

Day
2

Years
51

Months
—

Days
—

Sex Female

Color or
Race

negro

Birth-
place

Salisbury Co. Md

Occupation

Sewans

Where Residing if not
a place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James Young

Father's
Birthplace

Salisbury Co. Md

Mother's
Maiden Name

Hester

Mother's
Birthplace

Name of person giving
Information

James Young

How related
to deceased

Son

CAUSES OF DEATH

64

Primary

Apoplexy

How long

Immediate

short

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Joseph A. Rose Jr.

Yes

Accident or Suicide?

PHYSICIAN
OR CORONER

